

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
MEALS & RENTALS LICENSE DATA UPDATE

After completing the applicable section below, detach this form from the booklet and remit to:

**NH DEPT OF REVENUE ADMINISTRATION
COLLECTION DIVISION
PO BOX 454
CONCORD NH 03302-0454**

LICENSE # _____
(ENTER LICENSE NUMBER ABOVE)

PRIOR BUSINESS MAILING ADDRESS

| |
|--|
| BUSINESS NAME |
| CORPORATE NAME, PARTNER NAMES OR PROPRIETOR'S NAME |
| NUMBER & STREET ADDRESS |
| ADDRESS (continued) |
| CITY/TOWN, STATE & ZIP CODE |

NEW BUSINESS MAILING ADDRESS CHANGE

| |
|--|
| BUSINESS NAME |
| CORPORATE NAME, PARTNER NAMES OR PROPRIETOR'S NAME |
| NUMBER & STREET ADDRESS |
| ADDRESS (continued) |
| CITY/TOWN, STATE & ZIP CODE |

BUSINESS NAME CHANGE

CHANGE FROM: _____ TO: _____

NOTE: DO NOT USE THIS FORM TO REPORT AN ENTITY CHANGE, FILE A FORM CD-3 TO REPORT AN ENTITY CHANGE.

REQUEST FOR CHANGE IN FILING REQUIREMENTS

I request my filing requirements be changed

FROM: _____ — _____
month beginning month ending

TO: _____ — _____
month beginning month ending

I understand a return must be filed for each month in which my license is active, even though there may be no tax due.

X

SIGNATURE (IN INK)

TITLE

DATE

FOR DRA USE ONLY